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Declaration of Robin Collett Emmans regarding
medication switch during the trial of Jordan Stevens.

I have been under the care of a psychologist since February of 2019. At her suggestion, in early April 2021 I began seeing a psychiatric nurse practitioner to consult regarding the use of antidepressant and possibly anti-anxiety medications. My first visit was on April 12th. My second appointment was May 3rd. My third appointment was June 2nd. At the first visit, we discussed the two likely medications, and also the timing of beginning medications in light of the scheduled trial date for Jordan Stevens, which at that time was May 24th. I was started on 20 mg /day of fluoxetine, which is Prozac. I was told this is the lowest clinically effective dose. I was also prescribed bupropion, which is Wellbutrin, to begin several weeks after the fluoxetine so that the effects of each could be assessed individually. I had a bad reaction to the Wellbutrin, so only took that for a week. The fluoxetine was too strong for me, so I was reduced to 10 mg/day. To effect that change, I took one 20 mg pill every other day until they were used up. Then I was to switch to the 10 mg pills. I was also given a prescription for clonidine, a blood pressure medication used to aid in sleep because it is non-habit forming.

By the time of Jordan Stevens' trial, the intention was that I would be off of the bupropion with it out of my system and established on the lower dose of fluoxetine. However, on July 14th, I realized that I had been taking the clonidine every morning, confusing those pills with the lower dose of fluoxetine. Counting the pills remaining, I realized I had taken about 40. Figuring in days I missed the pills, it is likely that I accidentally discontinued fluoxetine very close to June 1, a week before the trial began on June 7th.

During Jordan's trial, I handled the opening statement and cross examination of a few witnesses, as well as discussion of certain exhibit stipulations, and objections to others. The two witnesses of greatest importance in my list were the pathologist and SA Clint Barefoot, the lead agent on the case. Both were conducted June 9th, the 2nd day of trial. SA Barefoot was first, with direct examination from about 9:30 to almost 11, and cross beginning just before 11:00. During the recess for lunch, the parties agreed to take a few witnesses out of turn. One of these was the pathologist. My sense is that cross examination of the pathologist went fine. SA Barefoot's cross continued at about 3:45 and continued for an hour. During that hour, my cross examination broke down completely. I was unable to control the witness, had a hard time following answers given to my questions, and ultimately the court called the evening recess early, apparently in response to my obvious

inability to maintain the thread of questioning. I could not find the notes I wanted. I also could not read and retain the notes on the pages I did have. The witness at one point gave an inappropriate opinion on Mr. Stevens' guilt, and Mr. Klein had to make the objection because I did not hear it. Essentially, my brain just would not process thoughts in the normal way. I described it later to a friend, who thought it sounded like a panic attack. I had never had one, so I did not know. The likely panic attack has since been confirmed by my treating ARNP. That evening, as the defense team tried to regroup, I was very upset. I remained very upset and upon going home became physically ill and probably somewhat hysterical. Again, not something I have experienced before. In the morning, we met again as a defense team, and put together a consolidated set of notes that would be easy to find and covered everything else we needed from SA Barefoot. I did get through the notes, though it was a struggle.

With regard to medications, in the weeks after the trial I continued to take the clonidine, which made me extremely tired. Twice, I fell asleep in the middle of the day while driving to visit clients in the Benton County Jail. I discontinued the clonidine as soon as I realized on July 14th what I had been doing, and have not had nearly the level of exhaustion as I experienced while on that medication through the month of June and half of July. I suspect that the clonidine actually served to mask some of the effect of withdrawal from fluoxetine, but the lack of concentration, panic attack and hysteria are abnormal and likely a result of the abrupt cessation of the fluoxetine.

I saw my treating psychiatric nurse practitioner on August 8 to discuss re-starting the fluoxetine as originally intended, and to ask her about withdrawal symptoms of that particular medication. Her declaration accompanies this one. She confirmed that my symptoms were consistent with a panic attack. I am now re-established on the appropriate dose of fluoxetine and have experienced no similar events, either when I was unmedicated, or since I have re-started medication.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at Yakima, Washington this 5th day of October, 2021



Robin C. Emmans